

ITEM	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>LS</i>	<i>1080</i>	<i>10/10/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>SI</i>	<i>1081</i>	<i>03/27/02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	6/1/02
2	✓
3	✓
4	J
5	O
6	✓
7	J ✓
8	J ✓
9	J ✓
10	O
11	J ✓
12	✓
13	✓
14	✓
15	J
16	✓
17	O
18	J
19	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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J.C. 7-28-02